

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area:	West Texas	HMAZ/LMAZ Area:	El Paso
BDTP:	F/MS	SUBPOPULATION:	Anglo/white men (1,12)

	# of surveys completed: 75	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> 44% reported two or more partners in the past year; 15% reported more than 3 partners in the past year. 5% of the respondents indicated they had a sex partners in the past year who has HIV. 2% of the respondents indicated they had a sex partner in the past year who has an STD. 9% say they had been treated for an STD in the past year, and 6% indicated being treated multiple times in the past year. 19% reported engaging in anal sex. 60% report almost never using a condom for anal sex. 78% almost never use a condom for oral sex. 49% almost never use a condom for vaginal sex. The top locations Anglo/white F/MS men said they engaged in risky behaviors are (in order): home [8%]¹, someone else's home [5%], and work [4%]. The top things Anglo/white F/MS men said they do to keep from getting HIV are (in order): don't inject drugs [51%]¹, only have sex with one partner [40%], sometimes use a condom for protection [37%], don't abuse alcohol or drugs [29%], and always use a condom for protection [28%]. Survey respondents indicated a similar pattern of responses for protection against STDs. 	<ul style="list-style-type: none"> A moderate proportion of the respondents reported they have engaged in sex with multiple partners. There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use with anal and vaginal sex is lower than that observed in the risk profile. Condom use for oral sex was similar between survey respondents and those in the risk profile. Anglo/white F/MS men indicated both public and private locations as places they engage in risky behaviors. This should be kept in mind when approaching this sub-population.

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*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<p>Among Anglo/white F/MS men:</p> <ul style="list-style-type: none"> • 88% indicated that anal sex without a condom may increase a person's chance of getting HIV, 81% for getting STDs other than HIV. • 84% and 88% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV and 85% each, for getting STDs other than HIV. • 88% indicated that sex-trade work may increase a person's chance of getting HIV, 77% for getting STDs other than HIV. • 89% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 83% for getting STDs other than HIV. • 91% indicated sex with more than one partner may increase a person's chance of getting HIV and 85% for getting STDs other than HIV. • 95% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 59% for getting STDs other than HIV. • 92% indicated that having sex with men may increase a person's chance of getting HIV and 71% for getting STDs other than HIV. • 95% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 75% for getting STDs other than HIV. • 68% indicated that blood transfusions may increase a person's chance of getting HIV, 36% for getting STDs other than HIV. • 81% indicated that needle sticks may increase a person's chance of getting HIV, 53% for getting STDs other than HIV. • 87% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 69% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Between 80 and 90% of the respondents showed a good knowledge of HIV transmission routes. Generally, the responses indicate this community has sufficient knowledge on HIV transmission. The correct responses for STD questions were lower than observed for HIV transmission routes.

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*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> On average, Anglo/white F/MS men indicated they were in the middle between agreeing and strongly agreeing that a person should tell their sex partner(s) if they have HIV or an STD whether they are using condoms or not. The top reasons Anglo/white F/MS men indicated they had sex without a condom are (in order): they trust their partner [45%]¹, don't like condoms [29%], they were drunk or high [23%], and condoms were not available [17%]. 78% indicated they were not likely to get HIV. 79% indicated they were not likely to get an STD. 	<ul style="list-style-type: none"> Anglo/white F/MS men indicated that they should tell their partner if they were infected with HIV or an STD, whether or not they are using a condom. Primary barriers to condom use were partner trust, not liking condoms, being under the influence, and condoms not being available. Considering the morbidity rates in this community, knowledge, and the personal perception of risk may be realistic.
*Current communication skills (14)	<ul style="list-style-type: none"> 51% of the Anglo/white F/MS men who responded indicated they have talked about getting HIV with at least some of their partners. 61% of the Anglo/white F/MS men who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	<ul style="list-style-type: none"> Over half of the Anglo/white F/MS men indicated they have discussed risks for an STD or HIV with their partner. Since most of the respondents indicated the need to discuss risks, but only half actually discuss those risks. This may suggest the need for communication skills training with this population.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/white F/MS men indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 98% for HIV, 53% for an STD. Their current partner(s); 98% for HIV, 75% for an STD. Their past partner(s); 98% for HIV, 64% for an STD. Their friends; 94% for HIV, 53% for an STD. 	<ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The responses for discussing STD infections was lower than that reported for HIV infections, particularly for non-partners.

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Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 43% of survey respondents indicated they have tested in the past year. Of those who were tested, they tested an average of 3.7 times per year. The top reasons Anglo/white F/MS men indicated they have tested are (in order): part of routine care [19%]¹, and had sex without using a condom [15%]. The top reasons Anglo/white F/MS men indicated they have not tested were (in order): don't think they are at risk [23%]¹, believe it would cost too much to be tested and treated [11%], don't know where to get tested [9%], and don't want to know they have HIV [8%]. None of those surveyed indicated they had tested positive for HIV. 29% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.6 times per year. 21% of the Anglo/white F/MS men who have tested for an STD in the past year indicated they have tested positive for an STD. Two-thirds of those treated for an STD in the previous year indicated they had been treated multiple times for an STD. The top reasons cited for not testing for an STD were (in order): don't they are at risk for an STD [35%]¹, don't know where to go for a test [15%], not sexually active [9%], and believe it would cost too much to be tested and treated [9%]. 13% of the respondents indicated they have tested for Hepatitis, 17% for Hepatitis B, 23% for Hepatitis C, and 40% tested for Tuberculosis. 20% of respondents who didn't test indicated they did not test because they did not believe they were at risk for those diseases and 18% indicated they had no symptoms. 	<ul style="list-style-type: none"> Testing proportions for these respondents is moderate, with 43% of this group testing each year. Those who test, do so an average of 3.7 times a year. Testing proportions may be acceptable for the risks and morbidity in this population. Emphasis should be placed on getting high-risk individuals to test with an appropriate testing frequency. 16% of respondents indicated HIV testing as a preventive behavior, part of routine care or just want to know. 29% of the respondents indicated they tested for an STD in the past year. The frequency of testing (1.6 times a year for those who tested) is one test for every two partners in the past year reported by respondents. 10 to 40% of this sub-population respondents indicated they have been tested for other diseases in the past year.
Prevention services currently accessed (19,21) Note: For testing,	<ul style="list-style-type: none"> The top locations Anglo/white F/MS men go for an HIV test are (in order): other public clinics [9%]¹, corrections [8%], doctor's offices [7%]. The top locations Anglo/white F/MS men go for an STD test are (in order): family planning clinics [7%]¹, public STD clinics [5%], doctor's offices [4%], other public clinics [4%], and corrections 	<ul style="list-style-type: none"> The primary sources for HIV testing are through corrections, private providers, and public clinics. 8% of the respondents indicated barriers to accessing services. A wide range of

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community-based organizations and corrections were not provided as a response option.	<p>[4%].</p> <ul style="list-style-type: none"> 8% of respondents indicated barriers in their community to seeking prevention services. Barriers mentioned include: there isn't an HIV or STD prevention program in their community, the community is too small, the community is too big, the clinics or programs are too crowded or the wait is too long, they don't know where to go for services, have to travel to different locations for different services, and the hours are inconvenient. The top locations where Anglo/white F/MS men have gotten HIV and STD information are (in order): drug treatment centers [24%]¹, community-based organizations [19%], health care providers [19%], public health clinics [19%], and counseling and testing locations [19%]. The top locations where Anglo/white F/MS men have gotten information on HIV and STDs that has helped them are (in order): drug treatment centers [24%]¹, public health clinics [24%], other health clinics [24%], health care providers [20%], community-based organizations [17%], and counseling and testing locations [17%]. 	<p>issues were indicated as barriers to accessing HIV and STD prevention services.</p> <ul style="list-style-type: none"> The primary source of HIV and STD information and useful information divulged by the survey respondents was through drug treatment centers, public clinics, private providers, and community-based organizations.
Prevention needs (35-39)	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [53%]¹, how to have safe sex [47%], how to talk with partners about using condoms [27%], drug abuse counseling and treatment [24%], and how to use a condom [12%]. Primary locations where Anglo/white F/MS men indicated they would get information on HIV and STDs in the future are (in order): health care providers [68%]¹, other health clinics [67%], drug treatment centers [67%], community-based organizations [64%], and counseling and testing centers [64%]. Primary locations where Anglo/white F/MS men indicated they would NEVER get information on HIV or STDs in the future are (in order): bars [52%]¹, bath houses [41%], work [40%], church [40%], and shelters [36%]. 	<ul style="list-style-type: none"> How to have safe sex, basic information on HIV/STDs, and communication skills lead the activities wanted by Anglo/white F/MS men. Anglo/white F/MS men indicated a wide range of settings where they would access HIV and STD prevention services. Community-based organizations, private health providers, drug treatment centers, and public clinics top the list. The primary locations where Anglo/white F/MS men would NEVER seek HIV or STD prevention messages are work, church, bars, shelters

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		and bath houses.
Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive Anglo/white F/MS men²:</p> <ul style="list-style-type: none"> • 48% of F/MS Anglo/white men HIV positive individuals indicated they never used a condom for anal sex, 44% for vaginal sex, and 70% for oral sex. • 6% indicated an STD diagnosis in the past year. • 21% indicated more than 1 sex partner in the past year. • 4% indicated buying sex in the past year. • 66% indicated substance use with sex in the past year. • One-third indicated their partners were at risk, and 20% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [58%]¹, marijuana [24%] and cocaine [13%]. <p>For all HIV positive F/MS men in the El Paso²:</p> <ul style="list-style-type: none"> • 50% of F/MS African American men HIV positive individuals indicated they never used a condom for vaginal sex. No information is available on condom use with oral and anal sex in this sub-population. • None of the positives indicated an STD diagnosis in the past year. • 67% indicated they had more than 1 partner in the past year. • 50% reported buying sex in the past year. • 67% indicated substance use with sex in the past year. • 10% indicated their partner was at risk, and 100% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [67%]¹, cocaine [17%] and marijuana [17%]. 	<ul style="list-style-type: none"> • The proportion of Anglo/white F/MS men positives reporting never using a condom for oral and vaginal sex is similar to the use reported by the respondents to the needs assessment survey. The proportion of positives using condoms for anal sex is higher than reported in the needs assessment survey. • Up to 20% of the HIV positives indicate an STD diagnosis in the past year. This is alarming considering 20 to 70% of the positives reported multiple partners in the previous year. • HIV positive F/MS Anglo/white men have a low perception of their partner's risk (less than one-third indicated they thought their partner was at risk for HIV). • The drugs of choice for HIV positives are alcohol, marijuana, and cocaine.
Other		

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